

Foster Family Home - Corrective Action Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-5

1020 Ihi Ihi Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 12/6/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/6/18. Corrective Action Report issued during home visit with all items due to CTA by 1/6/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - Current APS/CAN for CG #1 and CG #2 not present. Expired on 11/17/18. APS/CAN done on 1/3/17 for CG #4. Expired on 9/22/16.

7.1.(a)(1),(2) - APS/CAN and fingerprints not done until 11/29/18 for HHM #1,#3, and #4. Move in date was July 2018.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - No auto insurance or alternative transportation plan present for CG #3 and CG #4.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:

41.(3P)(a)(5) - CG #2 needed 4 more hours continuing education.

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Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - For client #2, one medication on the Doctor's orders is not listed on the MAR.

David A. Azulescu RN
Compliance Manager

Victoria Morales

Primary Care Giver

12/6/18
Date

12/04/2018

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: VICTORIA MORALES
CCFFH Address: 1020 Shishi AVENUE WILKINSON HI. 96781

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) (2)	I received current APS/CAN for CG #1 and CG #2. I showed CTA current APS/CAN and fingerprints for HHM #1, #3, and #4 on the day of the my recertification (12/6/18). I have placed all copies in my CTA binder.	2/8/18	I have made a list of the expiration date of the APS/CAN and fingerprints for all CG's and HHM's and placed in the front of my CTA binder. I will obtain APS/CAN and fingerprint when new HHM move in.
41(b)(5)	I used a alternative transportation form for CG #3 and CG #4 and placed in my CTA binder	2/8/18	I will fill out an alternative transportation form for all CG's when I hire them and place in my CTA binder

Primary Caregiver's Signature: Victoria Morales

Print Name: VICTORIA MORALES

Date of Signature: 2/8/2018

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ✓ VICTORIA MONALES
CCFFH Address: ✓ 1070 Ihi Ihi Avenue Waiwaka HI 96781

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (3P) (a) (5)	I received a 4 hrs continuing education certificate from CG #2 and placed in my CRA folder	2/8/18	I will make sure all CG's have 12 hours of continuing education every year. I will use a check off list.
52 (e) (5)	I received a new MAP with missing medication or it for client # 2	2/8/18	I will review all new MAP's for all clients when I received them. I will call my CASE MANAGER if MAP is not completed

Primary Caregiver's Signature: ✓ Victoria Monales

Print Name: ✓ VICTORIA MONALES

Date of Signature: ✓ 2/8/18